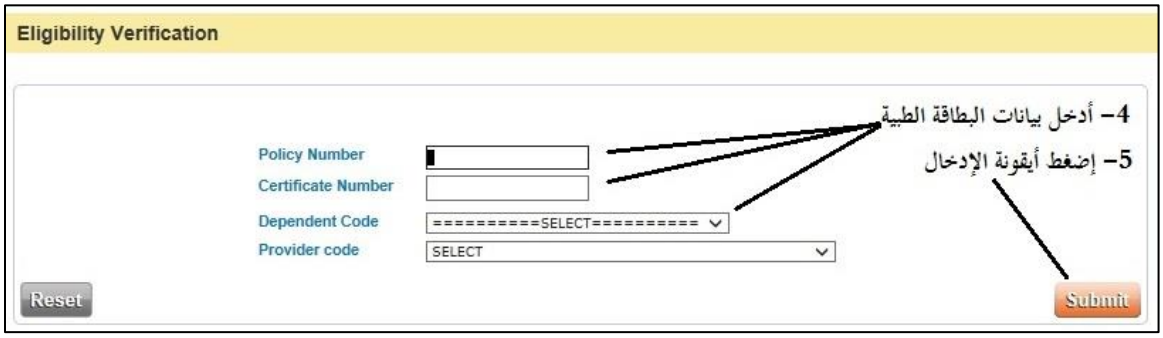
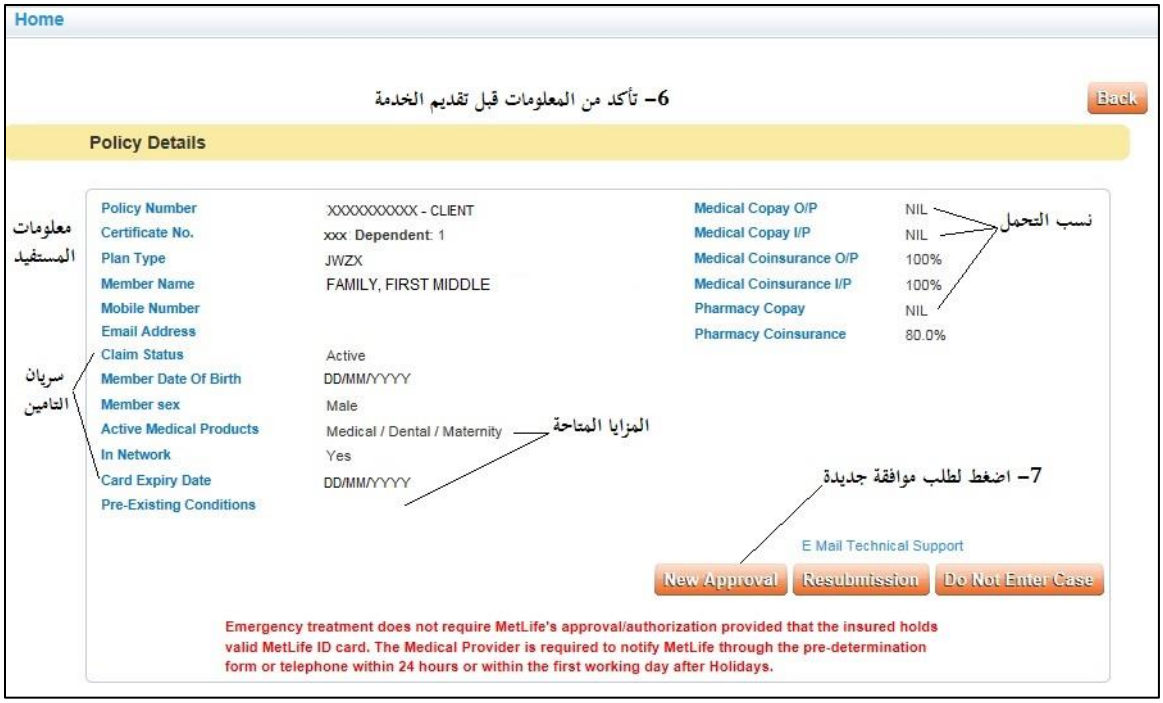
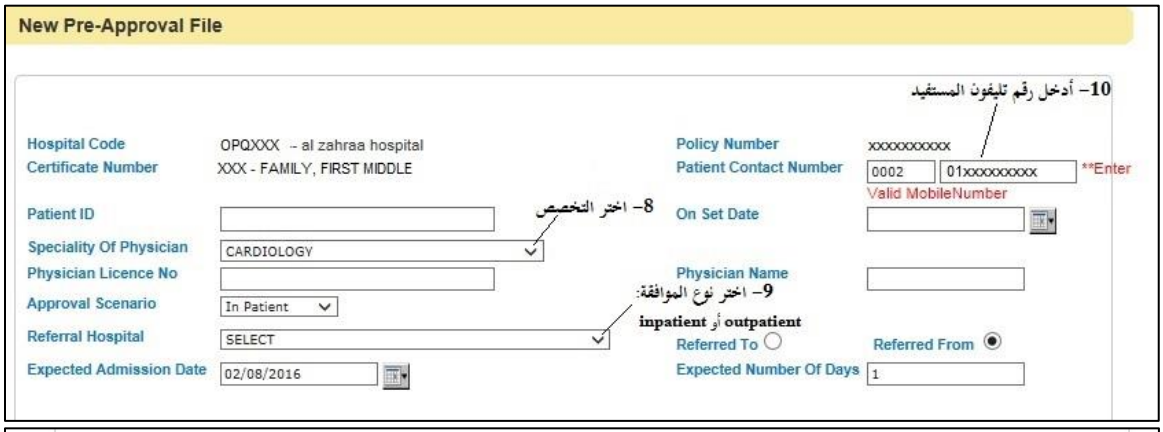
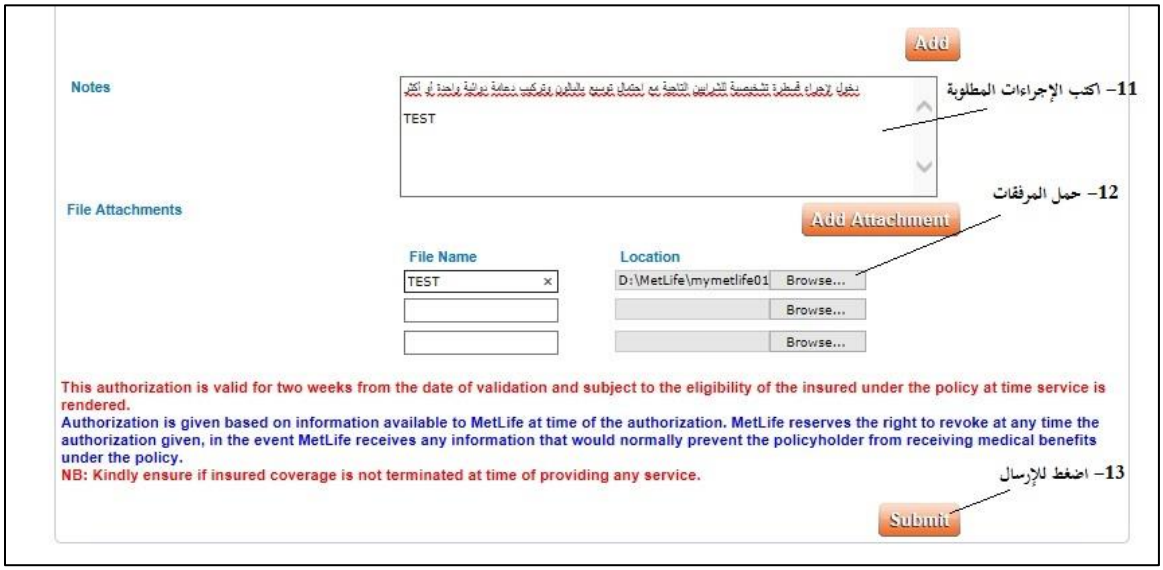
https://www.eclaim.metlifealico.com/eClaimsEgyp
MetLife - eClaims
View Favorites Tools Help
1- أدخل الموقع الإلكتروني
MetLife
2- سجل الدخول باسم المستخدم و كلمة السرّ
Account Sign In
Username:
Reset
Login

MetLife
Tuesday, August 02 2016
3- إختر أيقونة الموافقة المسبقة
Administration
Claims
Pre-Approval Search
Pre-Approval
Reports
Change Password
Logout
Information Tab
MetLife Alico have done some enhancements on eClaim system, please check information tab for more details.
VIP
ARAB NATIONAL BANK - ANB
800 1222 123
011-5109 300


Eligibility Verification
4- أدخل بيانات البطاقة الطبية
5- إضغط أيقونة الإدخال
Policy Number
Certificate Number
Dependent Code
==========SELECT==========
Provider code
SELECT
Reset
Submit

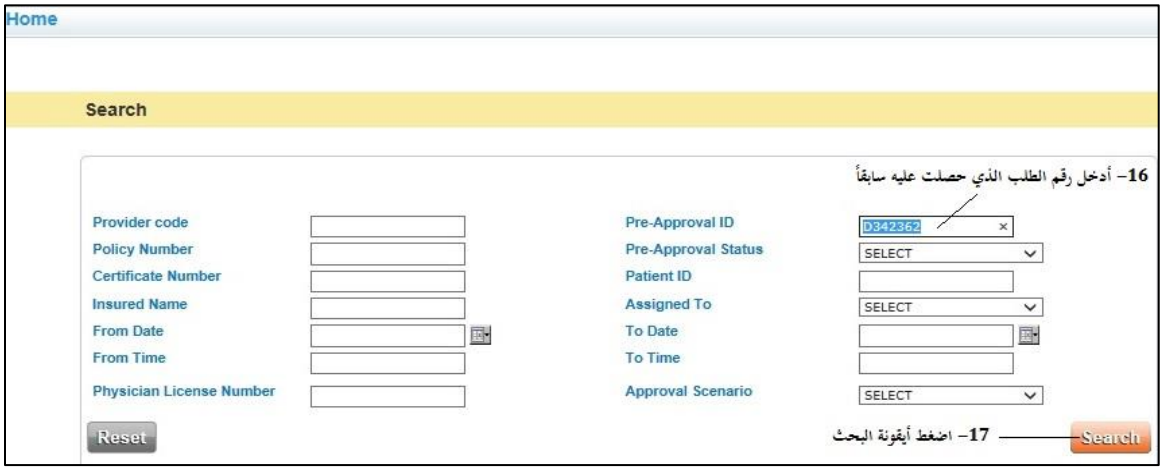

Home
6- تأكد من المعلومات قبل تقديم الخدمة
Back
Policy Details
معلومات المستفيد
Policy Number XXXXXXXXXX - CLIENT
Certificate No. xxx Dependent: 1
Plan Type JWZX
Member Name FAMILY, FIRST MIDDLE
Mobile Number
Email Address
سريان التامين
Claim Status Active
Member Date Of Birth DD/MM/YYYY
Member sex Male
Active Medical Products Medical / Dental / Maternity
In Network Yes
Card Expiry Date DD/MM/YYYY
Pre-Existing Conditions
المزايا المتاحة
Medical Copay O/P NIL
Medical Copay I/P NIL
Medical Coinsurance O/P 100%
Medical Coinsurance I/P 100%
Pharmacy Copay NIL
Pharmacy Coinsurance 80.0%
نسب التحمل
7- اضغط لطلب موافقة جديدة
E Mail Technical Support
New Approval
Resubmission
Do Not Enter Case
Emergency treatment does not require MetLife's approval/authorization provided that the insured holds valid MetLife ID card. The Medical Provider is required to notify MetLife through the pre-determination form or telephone within 24 hours or within the first working day after Holidays.


New Pre-Approval File
10- أدخل رقم تليفون المستفيد
Hospital Code OPQXXX - al zahraa hospital
Certificate Number XXX - FAMILY, FIRST MIDDLE
Patient ID
Speciality Of Physician CARDIOLOGY
Physician Licence No
Approval Scenario In Patient
Referral Hospital SELECT
Expected Admission Date 02/08/2016
8- اختر التخصص
9- اختر نوع الموافقة: inpatient أو outpatient
Policy Number xxxxxxxxxx
Patient Contact Number 0002 01xxxxxxxxx **Enter Valid MobileNumber
On Set Date
Physician Name
Referred To
Referred From
Expected Number Of Days 1


Add
Notes
نحول لإجراء قسطرة تشخيصية للشرايين التاجية مع احتمال توسيعه بالبالون وتركيب دعامة دوائية واحدة أو أكثر
TEST
11- اكتب الإجراءات المطلوبة
File Attachments
Add Attachment
12- حمل المرفقات
File Name
Location
TEST
D:\MetLife\mymetlife01
Browse...
This authorization is valid for two weeks from the date of validation and subject to the eligibility of the insured under the policy at time service is rendered.
Authorization is given based on information available to MetLife at time of the authorization. MetLife reserves the right to revoke at any time the authorization given, in the event MetLife receives any information that would normally prevent the policyholder from receiving medical benefits under the policy.
NB: Kindly ensure if insured coverage is not terminated at time of providing any service.
13- اضغط للإرسال
Submit

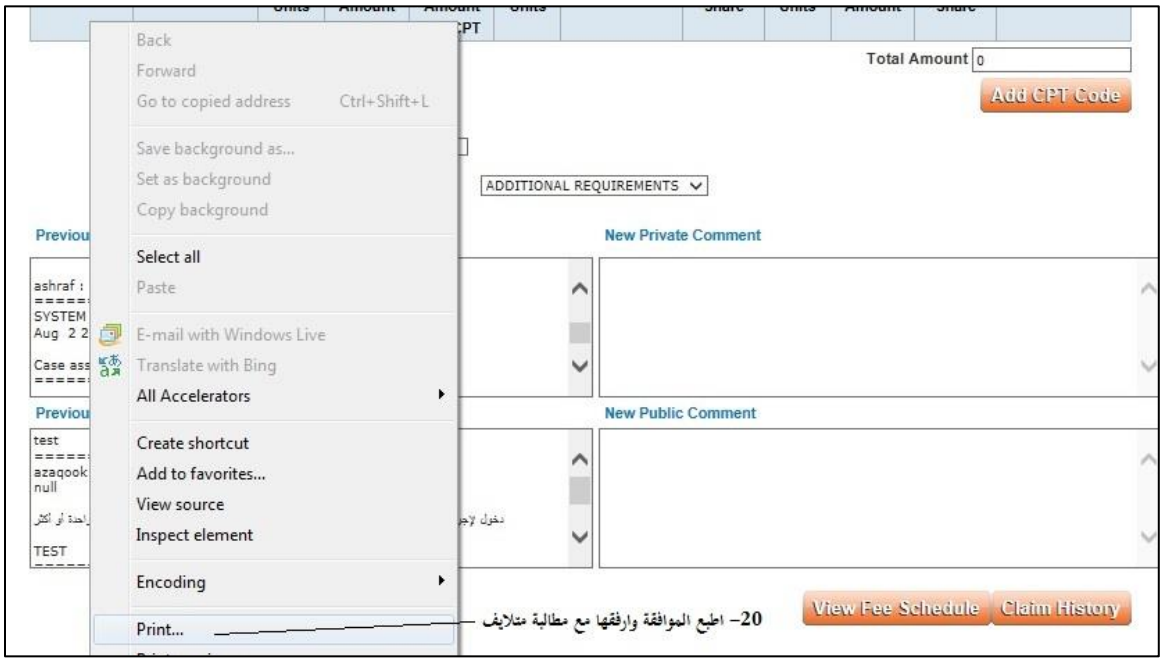
Home
Eligibility Verification
14– عند نجاح العملية تعطى رقما لتتبع الموافقة يجب الاحتفاظ به لاستخدامه لاحقاً
Thank You for the Pre-Approval.Your Claim ID is D342362.You will be notified via email once decision is taken for the pre-approval.
Policy Number
Certificate Number
Dependent Code
==========SELECT==========
Reset
Submit

MetLife
Tuesday, August 02 2016
Administration
Claims
Pre-Approval Search
Pre-Approval
Reports
Change Password
Logout
15– لتتبع الموافقة اختر أيقونة "البحث عن موافقة"
Information Tab
MetLife Alico have done some enhancements on eClaim system, please check information tab for more details.
VIP
ARAB NATIONAL BANK - ANB
: WALEED MOHAMMED AHMED
800 1222 123
011-5109 300


Home
Search
16– أدخل رقم الطلب الذي حصلت عليه سابقاً
Provider code
Policy Number
Certificate Number
Insured Name
From Date
From Time
Physician License Number
Pre-Approval ID
D342362
Pre-Approval Status
SELECT
Patient ID
Assigned To
SELECT
To Date
To Time
Approval Scenario
SELECT
Reset
17– اضغط أيقونة البحث
Search

Home
Approval List
All Cases
New Cases
Approved Cases
Denied Cases
Inpatient
Outpatient
Maternity
Optical
Dental
18- اختر الموافقة الخاصة بالمستفيد من ضمن قائمة الموافقات المرسلة من طرفكم
Page Number 1
Pre-Approval ID
Provider Name - Provider Code
Policy No
Pre-Approval Date
Approved Date
Patient Name
Certificate No
Approval Status
Assigned To
Approval Scenario
Approved Amount
Currency
D342362
al zahraa hospital-OPQXXX
xxxxxxxxxx
02/08/16 15:23
FAMILY, FIRST MIDDLE
ADDITIONAL REQUIREMENTS
ashraf
In Patient
0.0
EGP

Select Status
ADDITIONAL REQUIREMENTS
Previous Private Comment
New Private Comment
ashraf :
==========
SYSTEM MESSAGE
Aug 2 2016 3:23PM
Case assigned to ashraf
==========
Previous Public Comment
New Public Comment
test
==========
azaqook NOTE
null
دخول لإجراء قسطرة تشخيصية للشرايين التاجية مع احتمال توسيع بالبالون وتركيب دعامة دوائية واحدة أو أكثر
TEST
==========
19- راجع الردّ على الموافقة
View Fee Schedule
Claim History


Total Amount 0
Add CPT Code
ADDITIONAL REQUIREMENTS
New Private Comment
New Public Comment
Back
Forward
Go to copied address Ctrl+Shift+L
Save background as...
Set as background
Copy background
Select all
Paste
E-mail with Windows Live
Translate with Bing
All Accelerators
Create shortcut
Add to favorites...
View source
Inspect element
Encoding
Print...
20- اطبع الموافقة وارفقها مع مطالبة متلايف
View Fee Schedule
Claim History